

Application for Donation



Date:	
Name of recipient:	Address:
Phone:	Contact Person:

Describe how the mobile scooter /wheel chair or other mobility aid will impact the life of the recipient:

How will the scooter/ wheel chair or other equipment Impact the recipient's ability to work:

Release of image and likeness: You authorize Krazy Legs Inc. to use your photo and story in its advertisements and fund raising events both in print and in social media.

Signature _____, Date _____

All recipients of awards will be required to sign a liability waiver upon receipt of donation.

All donations and awards will receive notification of decision by Krazy Legs Inc. Board of Directors. Krazy Legs Inc. does not discriminate based on race, color, creed, sexual orientation, or other factors. Our mission is to help people wheel chair bound with limited mobility.